# Testing a Typology of Family Homelessness in Massachusetts: Preliminary Findings

Dennis Culhane University of Pennsylvania

Stephen Metraux University of the Sciences in Philadelphia

# Background

- Singles typology experience
- We know homeless families are different:
  - much lower MH/SA rates
  - not different from poor housed families
  - relatively homogeneous
- Potential confounders policy/program factors
  - transitional shelter as a reform movement
  - federal policy permits 2 year stays
  - use of shelters as queuing system for subsidies

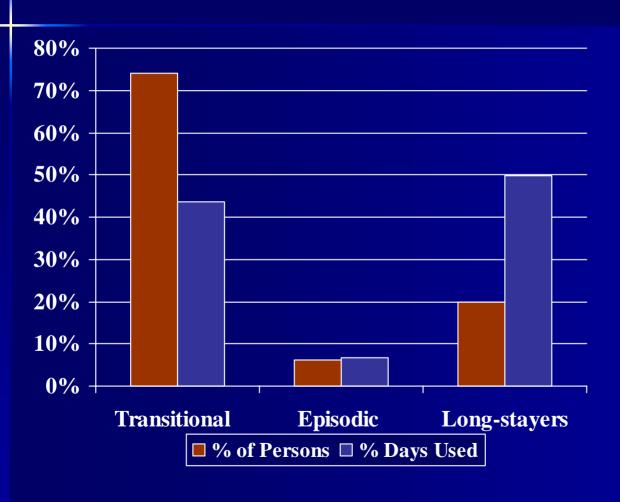
## Methodology

- HMIS data 3 months of new admissions followed for two year period
- 30 day exit criterion applied
- Cluster analysis, specifying three cluster solution
- Database merges to identify intensive service histories
- Replicated in 3 other US cities

# Health and Social Service Databases Merged

- Mental Health (Medicaid inpatient)
- Substance Abuse (inpatient/acute treatment service)
- Child Welfare (preventive and protective services)

### **Results: Cluster Solution**



#### Transitionals:

- 1.0 stays
- 105 days

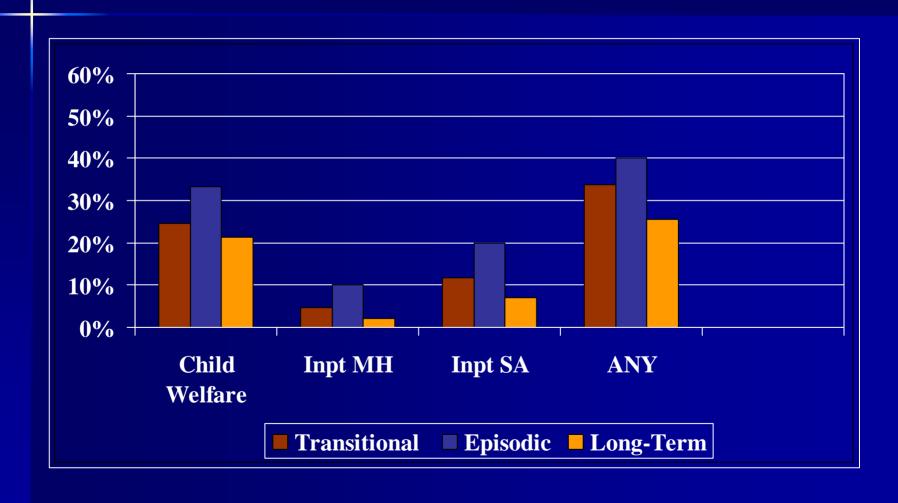
#### Episodics:

- 2.0 stays
- 195 days

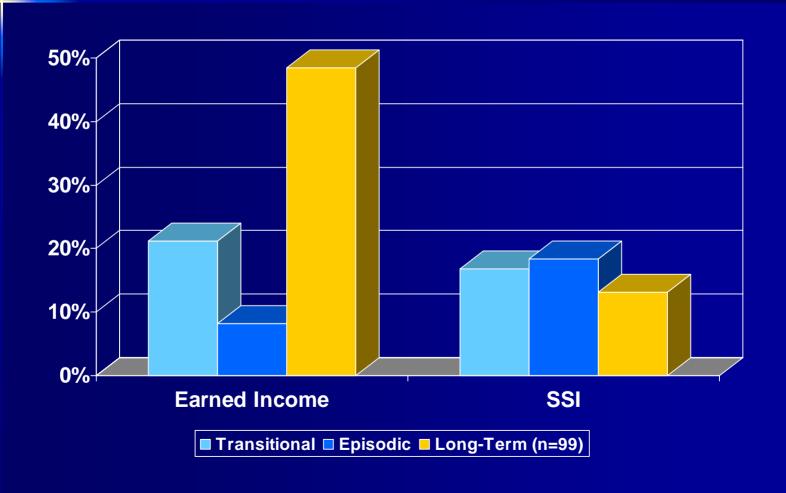
#### Long-Stayers:

- 1.0 stays
- 444 days

# **Intensive Service Histories of Families**



### **Income Sources**



# The Average Cost of Shelter Stays by Type

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Episodic

Long-term

\$11,550

\$21,450

\$48,440

Does not include McKinney-Vento funding or non-DTA public service contracts.

### **Preliminary Conclusions**

- Cluster patterns are robust across sites
- Most families (75%) leave quickly and don't return
- A small number (5-8%) return repeatedly
- 20-25% of families have long stays, using 55-70% of resources
- BUT unlike singles long stays do not show a greater need for support services

# Preliminary Conclusions (continued)

- Policies and programs driving long stays
- Characteristics of "graduates" may reflect selection effects of policies and programs
- Group with most intensive service history gets relatively few system resources, and group with least intensive service history gets most system resources
- Need for reform: A new conceptual framework that matches families by need to interventions that support their independence

